



OCONUS - Information Covering Persons Transferred or Appointed to First Duty Station

(Before completing form, read Privacy Act Statement on Page 3)

TYPE OF MOVE

☐ FIRST DUTY STATION ☐ FDS 5 USC 9811 ☐ PCS ☐ OTRAT ☐ EDUCATIONAL TRAVEL ☐ RETURN FOR SEPARATION/
SES LAST MOVE HOME

EOD DATE:

1. NAME OF EMPLOYEE		2. CURRENT ADDRESS (<i>Street, City, State, ZIP</i>) (<i>Commutes from daily to current duty station/post of duty/work</i>)			3. OLD DUTY STATION/ POST OF DUTY	
4. HOME EMAIL ADDRESS		5. HOME PHONE	6. OFFICE PHONE	7. FAX PHONE	8. SOCIAL SECURITY NUMBER	
9. GRADE/STEP	10. RETIREMENT SYSTEM <input type="checkbox"/> FERS <input type="checkbox"/> CSRS <input type="checkbox"/> CSRS OFFSET	11. MARITAL STATUS		12. LOCATION OF IMMEDIATE FAMILY (<i>Street, City, State</i>)		

13. DEPENDENT/IMMEDIATE FAMILY DATA

I REQUEST THAT EXPENSES BE ALLOWED FOR TRANSPORTATION OF MEMBERS OF MY IMMEDIATE FAMILY AS LISTED BELOW, AND HEREBY CERTIFY THAT THESE PERSONS ARE IN FACT MEMBERS OF MY IMMEDIATE FAMILY AS DEFINED IN FEDERAL TRAVEL REGULATIONS (FTR) §300-3.1 AND DEPARTMENT OF STATE STANDARDIZED REGULATIONS (DSSR) 040.

a. NAME OF SPOUSE

c. NAME OF DOMESTIC PARTNER

b. CHILDREN/DEPENDENT SIBLING (*unmarried and under 21 years of age*)

d. DEPENDENT PARENTS OF EMPLOYEE AND/OR SPOUSE

NAME _____

BIRTH DATE

e. NAME OF CHILDREN/DEPENDENT SIBLING OVER 21 YEARS OF AGE PHYSICALLY OR MENTALLY INCAPABLE OF SUPPORTING THEMSELVES

14. EN ROUTE TRAVEL

COMMERCIAL AIR IS THE PREFERRED METHOD OF TRANSPORTATION. SHIPMENT OF POV MAY BE AUTHORIZED.

a. YEAR, MAKE, MODEL, SIZE (i.e. compact, midsize, large/luxury, van, etc.) OF PRIVATELY OWNED VEHICLE (POV)

b. EMPLOYEE MODE

(4) TRAVEL DATE	
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c. IMMEDIATE FAMILY
MODE

d. SEPARATE TRAVEL MODE

(4) TRAVEL DATE	
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☐ (1) POV ☐ (2) AIR

☐ (1) WITH EMPLOYEE

☐ (1) POV ☐ (2) AIR

□ (3)

☐ (2) SEPARATELY

□ (3)

e. REASONS FOR SEPARATE TRAVEL

f. ARE YOU CURRENTLY ON EXTENDED TDY ASSIGNMENT AT THE NEW DUTY STATION/POST OF DUTY?

IF YES, ACTUAL TEMPORARY QUARTER MEALS WILL BE LIMITED TO 45% OF THE M&IE RATE

☐ (1) YES ☐ (2) NO

IF YOU ARE A RETURN FOR SEPARATION/SES LAST MOVE HOME, COMPLETE SECTION 15 *TRANSPORTATION OF HOUSEHOLD GOODS FROM OLD DUTY STATION/POST OF DUTY* AND THE SIGNATURE BLOCK BELOW SECTION 18.

15. TRANSPORTATION OF HOUSEHOLD GOODS FROM OLD DUTY STATION/POST OF DUTY			
a. LOCATION (<i>Street, City, State, County</i>)	b. EST. SHIPMENT DATE	c. EST. WEIGHT	d. TEMPORARY STORAGE REQUESTED (<i>Not to exceed 90 days</i>) <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO
NOTE: TEMPORARY STORAGE COSTS OVER 30 DAYS ARE TAXABLE AND THE EMPLOYEE IS RESPONSIBLE FOR THE TAXES DUE.			
e. TRANSPORTATION OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT NEEDED (Itemized inventory and special authorization required.) <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO		f. RELEVANT NOTES REGARDING MOVE (<i>i.e. Special care items, two pickup locations, etc.</i>)	
16. TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (Binding Decision - Not Applicable for OTRAT)			
a. PREDEPARTURE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A PARTIAL FLAT RATE _____ DAYS OR ACTUAL METHOD _____ DAYS	b. AT POST <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A ACTUAL METHOD (NTE 90 DAYS) _____ NUMBER OF DAYS		c. PRECEDING FINAL DEPARTURE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A ACTUAL METHOD (NTE 30 DAYS) _____ NUMBER OF DAYS
17. TEMPORARY QUARTERS SUBSISTENCE EXPENSE (Binding Decision - Not Applicable for OTRAT)			
a. NEEDED <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO <input type="checkbox"/> (3) N/A	b. NUMBER OF DAYS REQUIRED <input type="checkbox"/> (1) ACTUAL _____ NTE 60 DAYS <input type="checkbox"/> (2) FIXED/LUMP SUM (NTE 30 DAYS - NO EXTENSIONS) (3) NO OF PERSONS EXPECTED IN TQ _____		c. DATE TQ IS EXPECTED TO COMMENCE _____
18. REAL ESTATE			
			RESPONSE (<i>Check</i>)
			YES NO N/A
a. DO YOU OWN REAL ESTATE AT YOUR OLD DUTY STATION/POST OF DUTY (NON FOREIGN)?			
b. DO YOU PLAN TO SELL YOUR REAL ESTATE AT THE OLD DUTY STATION/POST OF DUTY (NON FOREIGN) WITHIN 1 YEAR AFTER YOUR REPORTING DATE? (<i>If "yes," complete items 18h and i below.</i>)			
c. IF AUTHORIZED BY YOUR CENTER, DO YOU PLAN TO UTILIZE THE HOME SALE PROGRAM TO SELL YOUR REAL ESTATE AT THE OLD DUTY STATION/POST OF DUTY (NON FOREIGN)? (<i>If "yes," complete items 18h and i below.</i>)			
d. DO YOU PLAN TO PURCHASE REAL ESTATE AT THE NEW DUTY STATION/POST OF DUTY (NON FOREIGN) WITHIN 1 YEAR AFTER YOUR REPORTING DATE? (<i>If "yes," complete item 18j below.</i>)			
e. ARE YOU CURRENTLY LEASING A RESIDENCE AT THE OLD DUTY STATION/POST OF DUTY? (<i>If "yes," complete items 18k and l below.</i>)			
f. ARE YOU OBLIGATED TO PAY ANY PORTION OF AN UNEXPIRED LEASE AT THE OLD DUTY STATION/POST OF DUTY? (<i>If "yes," complete item 18m below.</i>)			
g. DO YOU PLAN TO USE PROPERTY MANAGEMENT IN LIEU OF SELLING YOUR RESIDENCE AT THE OLD DUTY STATION/POST OF DUTY (NON FOREIGN)?			
h. NAMES CURRENTLY LISTED ON THE DEED OF TRUST (If applicable)			i. EST. SALE PRICE
k. NAME ON LEASE AGREEMENT (if applicable)			l. MONTHLY RENTAL AMOUNT
			j. EST. PURCHASE PRICE
			m. UNEXPIRED LEASE AMOUNT
SIGNATURE OF EMPLOYEE			DATE _____



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Privacy Act Statement

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 110012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.